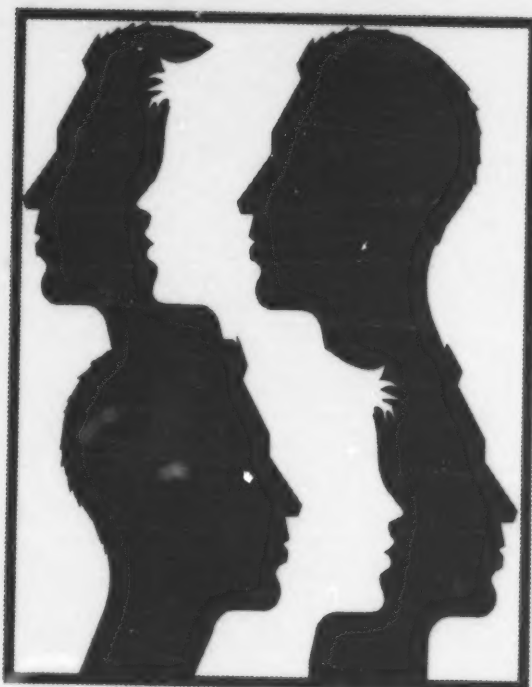




Health and Welfare
Canada

Santé et Bien-être social
Canada



Creative Development
Research on:

Living with AIDS

Canada

Ce document est disponible en français

BACKGROUND

1.0

In late 1989, the Health Promotion Directorate, Health and Welfare Canada initiated a national study of Canadians' attitudes toward AIDS and safer sex behaviour. The findings of this undertaking were to be used in establishing a federal communications strategy in AIDS prevention, to establish benchmarks for Canadians; attitudes, knowledge, and beliefs surrounding AIDS, and to create a Social Marketing and Communication Program. To accomplish these tasks, the research built on previous work, particularly the "Canada Youth and AIDS study" and "AIDS in Canada".

The research was conducted by two independent research firms. Tandemar Research conducted creative development research on Health Promotion and AIDS Prevention. A highlights report of that research is available under a separate cover.

Thompson Lightstone and Company conducted creative development research on "Living With AIDS". The present report summarizes the research findings and conclusions.

While the research objectives are specifically geared to a social marketing program, the findings will be of interest and benefit to people working to increase compassion and tolerance for People Living With AIDS.

2.0 STUDY OBJECTIVES

The overall purpose of the research was to assist the federal government in developing a data base of information in support of future efforts directed at achieving greater compassion and tolerance for People Living With AIDS (PLWA'S). This data base will provide various organizations and individuals with a set of measures of Canadians' knowledge, attitudes and awareness regarding various issues related to AIDS.

To achieve its mandate, the research needed to satisfy five key objectives:

- Among various segments of the Canadian population, assess the level of compassion and tolerance towards PLWA's, HIV positive individuals, and gay people, bisexual males, haemophiliacs, sex trade workers, street youth and injection drug users.
- Ascertain key barriers to compassion and tolerance of these groups.
- Explore the use of images, tone and language that facilitates the communication of messages in support of compassion and tolerance. These messages must be acceptable not only to people living with AIDS but to the general Canadian population.
- Assess the perceptions of the general population and of People Living With AIDS as to the appropriate role of the federal government on the AIDS issue.
- Provide an understanding of present behaviour, attitudes and knowledge levels with regard to safe sex among the general population, PLWA's, HIV positive individuals, and gay people, bisexual males, haemophiliacs, sex trade workers, street youth and injection drug users.

3.0 RESEARCH DESIGN

The "Living with AIDS" issue was addressed through the implementation of a research program directed at four separate groups:

- I) People Living With AIDS and HIV+ individuals
- II) Primary caregivers of PLWA's
- III) Gay men and women, bisexual males, injection drug users, sex trade workers, street youth, haemophiliacs
- IV) General population

The methodology used to address each group is outlined separately.

At the commencement, a "think tank" meeting. The project team conducted.

There were 18 participants with representation from several groups:

- Health and Welfare Canada
- Department of Supply and Services
- PWA Coalition - Halifax
- The medical profession
- Casey House - Toronto
- Federal Centre for AIDS
- Thompson Lightstone
- Tandemar Research

- University of Toronto
- Public Affairs Management Group

The meeting developed several "sample" positioning statements, which were tested with respondents during the research.

I PLWA's and HIV + Individuals

PLWA'S and HIVY individuals were interviewed to:

- Identify their top-of-mind problems and what they perceive compassion and tolerance levels to be.
- Identify day-to-day needs of PLWA's and determine how well these needs are being met.
- Obtain feedback on possible positioning statement including suggested refinements.
- Determine message tone that should be used to avoid offending PLWA/HIV+ individuals.
- Identify the most effective ways to communicate messages and deliver the program.

A total of 31 interviews were conducted across the country in Halifax, Montreal, Ottawa, Toronto, Calgary and Vancouver.

The number of interviews by respondent type was:

- PLWA's	16
- HIV+	15

Every effort was made to ensure a random sample, within the constraints of qualitative research. To recruit participants, advertising for participants, posters were placed in strategic locations such as gay bars, AIDS committee offices, and downtown locations.

In light of the delicacy of the subject, and the precarious health situation of some of these respondents, information was collected using one-on-one in-depth interviews.

In some instances, paired interviews were conducted. A few interviews were conducted with PLWA's with their caregiver present. To determine whether the interview setting had an impact on the respondent's answer. This did not appear to influence responses either positively or negatively.

All interviews were conducted at the place most convenient to the respondent, whether it be a home, office or at a local coffee shop. The intent was to conduct the interview in the most comfortable surroundings possible.

Interruptions and delays occurred often during the interviews, particularly with PLWA's. Due to the specialized nature of the interviewing requirements, volunteers from local AIDS committee offices across the country were provided extensive training in order to conduct the interviews. Each volunteer was first screened and then subjected to a two-day training session prior to conducting any "live" interviews. Interviewers were accompanied by their trainer on their first live interview as part of the training process. A debriefing session was held afterwards.

Interview guides were developed by the project team (including outside consultants). Each guide was pre-tested and modified prior to being given final approval by Health and Welfare Canada.

In light of the sensitivity of some of the subjects to be discussed and the need to obtain accurate information, respondents were asked to fill out a self-completion questionnaire using the "Sealed Envelope" approach. The overall objective of the self-completion questionnaire was to obtain candid responses to questions aimed at measuring attitudes, behaviours and general knowledge levels as they pertain to AIDS and safer sex/lifestyles. With a view to building consistency checks into the data obtained, several questions included in the self-completion questionnaire were ones used in previous AIDS-related surveys. Specifically, "AIDS" - Michael Ornstein (York University) and AIDS - Health and Welfare (Queens University) were two of the sources used.

II Primary Caregivers of PLWA's

There were three specific objectives addressed during research with primary caregivers of PLWA's:

- To understand pressures faced by primary caregivers.
- To identify the needs of primary caregivers as they help persons to live with AIDS.
- To determine whether primary caregivers have experienced any type of discrimination resulting from their role.

A total of 25 caregivers were given in-depth interviews, with representation from the six centres mentioned previously. In most instances, it was a one-on-one situation (respondent to interviewer); however, in a couple of cases, the interview was conducted with the caregiver's PLWA present. All interviews were conducted at a location selected by the respondent: the interviewer usually went to the respondent.

Once again, volunteers from the local AIDS committee offices were recruited and fully trained to conduct the interviews. Before the interview, caregivers were also asked to fill out a self-completion questionnaire using the sealed envelope approach.

Caregivers were recruited through the use of posters and referrals. Posters were placed in AIDS committee offices and gay bars. Care was taken to ensure representation from all types of caregivers, from family members to lovers to professionals.

III Gay Men and Women, Bisexual Males, Injection Drug Users, Sex Trade Workers, Street Youth, Haemophiliacs

A total of 49 interviews were conducted across the country in the same six centres mentioned earlier. The number of interviews by respondent type is shown below:

- Gays	11
- Bisexual males	6
- Haemophiliacs	4
- Sex trade workers	10
- Injection drug users	8
- Street Youth	10

They were asked to:

- Identify their top-of-mind problems and what they perceive compassion and tolerance levels to be.
- Determine message tone that should be used to avoid offending PLWA/HIV+ individuals.
- Identify the most effective ways to communicate message and deliver the program.
- Identify day-to-day needs of PLWA's and determine how well these needs are being met.
- Obtain feedback on possible positioning statements including suggested refinements.

In addition to an in-depth interview, respondents were also asked to fill out a self-completion questionnaire using the sealed envelope approach.

Recruitment methods were designed to obtain maximum randomization, and relied primarily on posters placed in downtown areas, gay bars and AIDS committee offices, as well as some personal referrals.

Guys and bisexual males were recruited without any difficulty. Although the other groups were easy to locate, it was more difficult to enlist their cooperation.

In light of the delicacy of the subjects, information was collected using one-one-one in-depth interviews conducted in locations where the respondent felt most comfortable, the local donut shop, bar, health centre, AIDS committee office, etc.

The interviewers were volunteers from the AIDS committee offices, former injection drug users as well as former caregivers. All interviewers, besides having a background that would give them some point of commonality with respondents, were subjected to intensive two-day training programs, involving interviewing procedures and role playing.

IV Canadian Adult Focus Groups

This group was recruited randomly using a TL (telephone listing) sample frame. Due to the small sample size (74), results are not projectable to the overall population of Canada.

The objectives of this segment of the research were:

- To assess the degree and nature of

compassion and tolerance Canadians feel towards PLWA's, HIV+, gay people, bisexual males, injection drug users, sex trade workers, street youth, and haemophiliacs.

- To understand what lies behind these feelings (and under what conditions).
- To identify messages (and tone) that will motivate the average Canadian to become more tolerant and compassionate.
- To identify the most effective ways to communicate messages and deliver programs.

Twelve mini-group discussions comprising a total of 74 individuals were conducted across the country.

Two mini-group discussion were conducted in each of the previously mentioned centres; each with six to eight participants.

In the interest of promoting candid and uninhibited responses, discussions with men and women were held in separate groups. The group moderator's sex was matched with that of the participants. Separate sessions were also held for younger groups (under 25) and older groups (over 25).

All moderators were briefed by the same team to ensure consistency across all age groups.

Moderator schedules were developed by the project team, (including outside consultants) and given final approval by Health and Welfare Canada.

In addition, respondents were also asked to fill out a self-completed questionnaire using the sealed envelope approach.

All discussions were audio taped and transcribed to hard copy. These documents now reside with the project authority at Health and Welfare Canada.

A total of 25 in-depth interviews were conducted with policy-making representatives across the country. The interviews were conducted with representatives whose products or services directly impact the daily activities of PLWA's, HIV + individuals and gay and bisexual males, haemophiliacs, sex trade workers, street youth and injection drug users. The types of firms surveyed were quite diverse:

- Police/Ambulance - Employment
- Medical - Insurance
- Housing - Other Services
- Social Services

4.0 EXECUTIVE SUMMARY

Compassion and Tolerance

PLWA's and their caregivers are engaged in a life and death struggle. Compassion and tolerance from society at large is a lower priority for PLWA's than having the money to live their remaining days comfortably and with medical, psychological, homemaking and transportation support.

Primary groups of people who are themselves PLWA's, HIV+ or caregivers are in the best position to show tolerance, and compassion, and provide support to other PLWA's, HIV+ individuals and caregivers.

Community AIDS groups are ideally suited to address the problem that PLWA's, HIV+ individuals, caregivers and others continue to engage in unprotected sex and sex with multiple partners who are not well known to the individual.

Present Image of AIDS

Among the Canadian adult sample, AIDS is associated with death, and with the gay community and men. There is a large element of denial best summed up by the attitude of "It won't happen to me."

Homophobia

There is evidence of homophobia among the general population. The nature and extent of homophobia within Canadian society should be established prior to developing a communications strategy directed at promoting compassion and tolerance.

Reposition the Image of AIDS

Among the Canadian adult sample there is a belief that the government would be acting inappropriately if it were to directly promote tolerance and compassion for sexual minority groups, when they very often view these individuals as voluntarily placing themselves at risk of contracting AIDS.

To be successful, a mass communications strategy promoting compassion and tolerance should use the indirect approach, repositioning the image of the disease itself. Such a strategy would position AIDS not as a "gay plague" but as a disease which is manageable and which is also in the mainstream of life-threatening illnesses potentially affecting all Canadians.

A communications strategy that repositions the image of the disease AIDS in this way would accomplish two goals:

1. it would increase compassion and tolerance for PLWA's, HIV+ individuals and their caregivers; and
2. it would overcome the denial associated with the disease and encourage safer sexual practices.

Repositioning the image of AIDS can best be accomplished by a threefold plan:

1. Communicate a positive message of hope to shift AIDS away from a plague mentality of Aids to manageability. If AIDS is not a plague, PLWA's do not have to be

shunned. The progress various countries are making toward a cure should be communicated.

2. Communicate the facts about how AIDS is transmitted and prevented to help dispel misinformation among all groups in Canadian society. This would support safer sexual practices and overcome discrimination, which PLWA's attribute to ignorance.
3. Communicate the message that AIDS prevention should be a concern for all Canadians. This message would break-down of the denial system presently associated with the disease. This strategy could be accomplished by featuring different racial and ethnic groups, and women and children in Aids awareness messages,# as well as door-to-door fundraising.

The image of AIDS can shift in the same way the image of cancer has shifted over the years. As people have become more aware that they could contract cancer, more people are taking precautions like quitting smoking, and the amount of hope associated with the disease has increased.

AIDS Policies Within the Public and Private Sector

To help them establish AIDS policies, private and public sector organizations should be given copies of AIDS policies that have been successfully implemented by other organizations as well as documentation to distribute to employees.

Media

Mass communications should have both awareness and education as their objectives. The awareness campaign should use television as the medium and present messages that position AIDS in the mainstream of Canadian society. The information campaign would use pamphlets, videos, magazines and posters as well as telephone hotlines, and present the facts on AIDS about which Canadians are still confused.

Tone

The tone should be direct and factual with a heavy emphasis on AIDS transmission and prevention.

Messages

The most favourable response was received to the following two messages:

- It's Not Us Versus Them--It's Everyone's Problem.
- We Are All Living With AIDS--Think About It.

Spokespeople

People Living With AIDS as well as celebrities from the entertainment business are effective spokespeople for AIDS.

Other Implications

Although compassion and tolerance would be ideal, PLWA's and their caregivers are suffering a serious lack of financial resources due to having to unexpectedly

leave their employment. They should be ensured adequate incomes so they do not have to face poverty while at the same time facing a painful death. There is also a need for hospitals where they can live their remaining days in a humane non-institutional environment with their caregiver.

PLWA's, caregivers and street people in the sample report instances of isolation, discrimination and abuse by health personnel, social welfare and law enforcement agencies. The qualitative nature of this research does not enable an estimate of the extent of the problem. At the earliest possible date, AIDS policies should be established in all hospitals across Canada providing for mandatory training and qualification of medical personnel, and discipline or dismissal of those who contravene established procedures. Specialized communications and training programs should be established at social welfare and law enforcement agencies.

Street youth are potentially the hardest to reach with AIDS information because they report being extremely physically and psychologically alienated from prevailing social values. They are operating in a survival mode in which food, shelter and often addictions take higher priority than safer sex. Their main points of contact with society, law enforcement and social welfare agencies reinforce their antisocial feelings. Front line contacts should be provided with specialized AIDS training to assist agencies in working with street youth, sex trade workers and injection drug users.

5.0 CONCLUSIONS AND RECOMMENDATIONS

The mandate of this research is to form a data base of information in support of future efforts directed at promoting tolerance and compassion toward People Living With AIDS, their caregivers, and HIV+ individuals, as well as sexual minority groups (gays, bisexuals, sex trade workers), injection drug users and haemophiliacs.

Increased Tolerance and Compassion

Turning first to PLWA's, HIV+ individuals and their caregivers, it is clear that although compassion and tolerance from society at large would be ideal, it is not a high priority articulated by respondents, who are engaged in a life and death struggle to survive. They are overwhelmed not only by the devastating nature of their illness, but also by the tremendous physical and social pressures that are part of living with AIDS.

Many of these individuals have lived with the discrimination associated with being gay for many years. Now that they are facing death, they are much more concerned with having the money to live their remaining days comfortably above levels of impoverishment, and with medical, psychological, homemaking and transportation support, than with what society at large thinks of them.

Because PLWA's usually die virtually alone and impoverished, steps must be taken to alleviate their financial stress through

special assistance for themselves and their caregivers, who usually must leave their employment to meet the demands of the task they have undertaken.

Community AIDS Groups

Tolerance and compassion can most effectively be ensured for People Living With AIDS, HIV+ individuals and caregivers by primary groups of people who have "gone through it," people who are themselves PLWA's, HIV+ or caregivers. Self-help groups provide the most effective support available. Community AIDS groups should continue with and expand this essential work.

The overwhelming isolation, physical and emotional stress faced by the PLWA and caregiver should be alleviated by in-home counselling and homemaker care, as well as by the increased availability of humane hospices where the PLWA and Caregiver could live together during the final few months.

Community AIDS groups could be instrumental in addressing the problem that PLWA's, HIV+ individuals caregivers and others continue to engage in unprotected sex and sex with multiple partners who are not well known to the individual.

A belief that sexual behaviours are highly ingrained and resistant to change was expressed in the focus groups. The underlying reasons for what appears to be on going high risk behaviour need to be uncovered in additional qualitative research.

Because community AIDS groups are highly effective in communicating AIDS information to gay people, they should be provided with programs and support for addressing what appears to be an on going problem of "high risk" behaviour after the reasons for this behaviour have been identified.

In order to promote increased compassion and tolerance for People Living With Aids, HIV+ individuals and caregivers, it is necessary to shift the image of AIDS away from its present perception as a gay plague and into the mainstream of life-threatening illnesses potentially affecting all Canadians.

CANADIAN ADULT FOCUS GROUPS

Present Image of AIDS

At present, AIDS has a threefold image:

- It is almost universally associated with death.
- It is widely associated with the gay community and with men.
- There is a large denial component in this image of AIDS, best summed up by an attitude of "It won't happen to me."

Repositioning AIDS as a Disease

The Canadian adult sample generally reports a belief that the government would be acting inappropriately if it were to directly promote tolerance and compassion for sexual minority groups, when they very often view these individuals as voluntarily placing themselves at risk of contracting a life-threatening illness.

There are indications that the more indirect approach of repositioning the image of the disease itself would be quite successful in promoting compassion and tolerance.

The same Canadians in focus groups who expressed some strong anti-homosexual sentiments report a great deal of compassion for the PLWA facing death. While one in five (22%) respondents from the general population agrees with the statement "Gay men and lesbians are a threat to society," 73% agree that they would "stay friends with someone who has AIDS."

A government-sponsored program that directly promoted tolerance for either of the above groups would in all likelihood be unsuccessful.

An approach with much greater potential, and one that would effectively reduce the stigma attached to AIDS and its sufferers would be to reposition the disease itself. This can be accomplished with a threefold strategy:

1. A Positive Message of hope.

If AIDS is seen as a manageable disease rather than as a plague, and if there is some hope, if all countries are working together toward a cure, and if we know how we can catch the virus, society does not have to shun PLWA's. An international focus featuring a number of racial and ethnic groups in the advertising would be effective.

Efforts toward finding a cure and progress along those lines should be highlighted. Caregivers and HIV+ individuals, as well as PLWA's, state that they seek this type of information.

Moving AIDS out of its present plague positioning would support endeavours toward increasing compassion and tolerance toward People Living With AIDS.

2. The Facts about How AIDS is transmitted and Prevented.

A positive message of hope should be supported with on going information on the disease itself, and most importantly, how it is transmitted and how it can be prevented. Every group interviewed in the research indicated a strong belief that the average Canadian knows too little about AIDS. This would certainly support an information-based communications strategy. All groups interviewed indicated very limited awareness of any federal government information effort.

Many Canadians still do not know how AIDS is transmitted. Many Canadians believe AIDS can potentially be contracted by donating blood and by kissing a person with AIDS. Many also appear to believe that various birth control foams, pills and diaphragms are effective methods of AIDS prevention. The under 25 age group appears to be least knowledgeable about AIDS transmission and prevention.

If everyone knew that AIDS could not be transmitted by touching, hugging or shaking hands, People Living With AIDS would not have to be avoided.

The majority of PLWA's interviewed felt that the discrimination they experienced, either based on their sexual orientation or on their association with a PLWA, was based on ignorance. On going factual information can counter such discrimination.

If everyone knew the facts about AIDS transmission, this knowledge would reinforce communications efforts directed at safe sex.

3. The Message that AIDS Potentially Affects All Canadians.

In order to reposition AIDS into the mainstream of life-threatening illnesses potentially affecting all Canadians, it has to be shifted away from its stereotypically gay association into the same grouping as heart disease, cancer and diabetes.

This can be accomplished in a number of ways, among which are the following:

- Use popular and respected spokesperson who is strongly associated with the image of the "average Canadian" to present the AIDS message. Such a person would in all likelihood be from the entertainment business.

- Have representatives from various social, racial and ethnic groupings present AIDS messages; however, women and children would create highly sympathetic associations for the disease AIDS. The women interviewed overtly displayed greater compassion toward sexual minority groups than did men. A male spokesperson faces a credibility gap due to the strong gay/male association with AIDS.
- Raise funding for AIDS through a door-to-door campaign. Door-to-Door fundraising is associated with respectable causes and respectable illnesses.
- Ask the Red Cross to evaluate the costs/benefits of clarifying present mis-conceptions about the risk of contracting AIDS through blood donations.

Repositioning AIDS as a disease that could potentially affect everyone will result in a breakdown of the denial system presently associated with the disease. A belief that "It won't happen to me" reinforces a propensity to engage in high-risk behaviour.

Street Youth

This group is potentially the hardest to reach with AIDS information for a number of reasons:

- They are alienated, both physically and psychologically from society

and from prevailing social values. Traditional points of contact with organized society, the welfare and law enforcement systems, tend to reinforce this antisocial feeling.

- They are operating in a survival mode in which food and shelter are paramount and often take a higher priority than safe sex. The situation is compounded by drug use and addictions, which often become a more compelling driving force than food or shelter and which alter perceptions of reality that are essential to protecting one's health and life. Addictions frequently cause the addict to engage in behaviour that is wilfully destructive of health and life.

Specialized Training

Medical personnel, welfare workers and law enforcement officers are the front-line contact for street youth, sex trade workers, injection drug users, People Living With AIDS, HIV+ individuals and caregivers. It is essential that front-line contacts receive specialized AIDS training and information to assist in overcoming their own biases and fears, and in treating marginal groups in a humane fashion. Because medical personnel in particular are automatically solicited for information on the disease, they must be credible sources.

Specialized communications and training programs should be established at the hospitals where PLWA's receive treatment. Although the qualitative nature of this study does not enable an estimate of the extent of the problem, accounts of abuse

received by PLWA's at the hands of medical personnel in hospitals cannot be ignored.

It is critical to deal with the enlightenment of hospital staff at the earliest possible date. AIDS policies in all hospitals across Canada should be established to provide for the mandatory training and qualification of medical personnel dealing with AIDS patients. This would involve mandatory

- training and qualification of all staff on the transmission of AIDS, and the disease itself;
- training and qualification of staff on correct procedures for interacting with PLWA's in a humane and highly confidential manner; and
- discipline and dismissal of hospital personnel who contravene established AIDS procedures.

The present requirement that all HIV+ cases be reported by name to officials is thought to discourage health care employees and the population at large from having themselves tested, thereby undermining efforts to stop the spread of AIDS. The suggestion was made that hospitals and other organizations be required to identify employees by number only.

Private and Public Sector AIDS Policies

All policy makers whose organizations had AIDS policies were of the opinion that the existence of a policy helped promote compassion and tolerance. Support should continue to be provided to organizations by

way of information on successful implementation of policies, guidelines that have been tested and proven, and pilot projects that organizations can look to for ideas.

Films are usually looking for documentation that is readily available and easily disseminated to employees. They are also looking for information on AIDS policies successfully implemented by other organizations. In addition they want to kept up-to-date on current medical findings and developments because knowledge about the disease is incomplete.

Policy makers felt that information would best be delivered by the medical profession, in the form of seminars, workshops and videos. There is already enough written information available. An ongoing, repetitive-exposure campaign was deemed critical to continually reinforce the importance of "understanding," to promote tolerance and compassion, and to effectively communicate the facts about AIDS.

Homophobia

Because a communications strategy directed at increasing tolerance and compassion must take into account the existence of homophobia, it is important to identify the extent of homophobia evidenced in this study with larger scale quantitative research.

A communications strategy that repositions AIDS as something that potentially affects everyone, as well as communicating the facts about the disease and its transmission, will be effective in promoting increased tolerance and compassion by reducing

Appropriate Tone

All groups that interviewed want the tone of a communications campaign to be direct and factual, with a heavy emphasis on the educational aspects of AIDS transmission and prevention.

Spokespeople

People Living With AIDS were identified by all groups as the source of information they would most often reference, along with the medical personnel, for the facts on AIDS. Eighty-nine percent of the general population sample agree that "people with AIDS should educate others." PLWA's and HIV+ individuals interviewed felt that they were uniquely qualified to provide information on AIDS and wanted to be accessed in this fashion, to "put a face on AIDS." This could be done most effectively in a documentary fashion in the mass media, in a one-to-one situation at AIDS committees or in school presentations and seminars. Celebrities were frequently referenced as effective spokespeople for AIDS.

Messages

The most favourable response was received to the following two messages:

- It's Not Us Versus Them--It's Everyone's Problem.
- We Are All Living With AIDS--Think About It.

Media

Television was most frequently mentioned

by respondents as the effective media for obtaining awareness, and several American commercials on AIDS were recalled.

Pamphlets, magazines and videos were frequently mentioned by PLWA's and HIV+ individuals as effective source at in-depth information.

Posters were thought to be highly appropriate for reaching street people.

Newspapers and radio were thought to be ineffective for an AIDS campaign.

Hotlines are excellent sources of in-depth, personalized information for people who wish to preserve anonymity.

Policy makers indicate that in addition to such information sources as newspapers, magazines and pamphlets, several organizations are often viewed as reliable sources of information on AIDS:

- Health and Welfare Canada
- World Health Organization
- Federal Centre for AIDS

Awareness and Education

The awareness campaign should use television and present messages that position AIDS into the mainstream of Canadian society. The two above mentioned messages would be highly effective.

The information campaign would use pamphlets, magazines, videos and posters, as well as telephone hotlines and present the facts on AIDS about which Canadians are still confused:

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1. You can't get AIDS by touching, hugging or holding hands.
2. You can't get AIDS by kissing.
3. You can't get AIDS by donating blood.
4. You increase your risk of getting AIDS by having sex with many different partners.
5. You increase your risk of getting AIDS by having sex with someone you don't know well.
6. You can get AIDS by having unprotected sex.
7. You can get AIDS by having pre-ejaculation sex and oral sex.
8. Disposable needles are safer than sterilized needles.

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